

APPROVAL

DENIAL

CITY OF BETHLEHEM

nt

BLOCK PARTY, PROCESSION **APPLICATION** \$75.00

Attention: Recreation Departme
10 E CHURCH STREET
BETHLEHEM PA 18018
040 005 7070

	610-865-7079 Jstiles@bethlehem-pa.gov						
	ANS	WER THE FOLLOWI	NG QUESTIONS	(PLEASE F	PRINT)		
APPLICANT'S NAME			TELEPHONE NUMBER EMAIL ADDRESS			S	
APPLICANT'S ADDRESS		ZIP CODE					
SPONSORING ORGANIZATION (IF ANY) ANDADDRESS			DAYTIME TELEPHONE NUMBI	DAYTIME TELEPHONE NUMBER EMAIL ADDRESS			
ON SITE CONTACT NAME			CLEAN UP PLAN	CLEAN UP PLAN			
BLOCK PARTY							
TIME OF EVENT (START TIME) AM	PM	TIME OF EVENT (END TIME) AM	PM	DATE OF EVE	ENT	RAIN DATE(IF APPLICABLE)	
FROM (STREET)	TO (STREET)	BLOCK(S) AND STREET TO BE CL	OSED	YES	TRAVEL ON THE	NO	
IF EVENT BLOCKS NO GRILLS, OPEN APPLICATIONS WI ANY TENTS SHALI ALL PERMITS WIL NO MORE THAN T WHEN APPROVED, A BL REVOCATION IF THE AF	AN INTERSECTING "T" STREET, BURNS IN THE PUBLIC RIGHT OLL BE RETURNED IF NOT COMP. COMPLY WITH THE UCC OMPLY WITH THE UCC OWD AM TO DE WO BLOCK PARTIES PER YEAR OCK PARTY PERMIT SHA	SPACE) AT ALL TIMES. MUST PRO, SUBMIT A SEPARATE APPLICATION OF WAY (UNLESS YOU HAVE A SEPTETE OR IF RECEIVED LESS THAND, NO TENTS TO BE STAKED INTO OUSK, CLEAN UP PLAN ATTACHED WITHIN THE SAME BLOCK OR WITH THE SAME BLOCK OR WITHIN THE SAME BLOCK OR WITH THE SAME BLOCK	ON AND PETITIONFOR EACH PARATE PERMIT FROM FIRE) N THIRTY (30) DAYS PRIOR TO THE CITY STREET(S), NO ALC DO ALC DO A SKETCH IN A 500 FOOT AREA G THE APPLICANT TO C	AFFECTED STREE SEE FIRE APPEND OTHE EVENT COHOL IS PERMIT FITEMS WILL BE	ET. DEX. TED IN THE STRE PLACED IN THE	EET RIGHT OF WAY. STREET. JBJECT TO	
		PROCESS	SION				
TIME OF EVENT (START TIME) AM	PM	TIME OF EVENT (END TIME) AM	PM	DATE OF EVE	ENT		
PLEASE DESCRIBE THE TRAVEL A	REA FOR THE PROCESSION	SIDEWALKS ONLY YES	NO	WILL REQUIRE	CROSSING GUAR		
		DIDENTALING ONLY 120	110	YES		NO	
POLICE ESCORT REQUESTED? YES NO	IIMATED PARTICIPANTS	NUMBER REQUESTED? //ILL ANY PART OF THE EVENT BE CONDUCTED ON THE STREET? YES NO PLEASE DESCRIBE:					
		INSUR	RANCE				
OF THE EVENT. THE CIT IN THE MINIMUM AMOU INSURER, EV	Y OF BETHLEHEM OFFIC NT OF \$1,000,000.00 IS REQUIDENCING THE REQUIRED COUNTY OF PLEASE CONTACT ments contained herein an	HEM RECREATION DEPART FERS AND EMPLOPYEES MI UIRED. YOU MUST PROVIDE A COVERAGE, TO THE CITY OF BETHLEHEM 10 EAST CHUI THE LAW BUREAU WITH AI e true and correct to the best may be prescribed by law or	UST BE NAMED AS THE A CERTIFICATE OF INSUR BETHLEHEM PARKS DEP RCH STREET BETHLEHE NY QUESTIONS PERTAL St of my knowledge and le	E ADDITIONAL II RANCE FROM A PARTMENT. THE EM PA 18018 NING TO INSU	NSURED. GEN LICENSED INS E CERTIFICAT RANCE.	ERAL LIABILITY INSURANCE SURANCE AGENT OR THE 'E HOLDER IS:	
APPLICANTS SIGNATURE					DATE		
		FOR OFFIC	CE USE				

NAME:_

DATE: ____